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Bib Data Sheet

CONFIRMATION NO. 5376

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|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>10/518,689 | <b>FILING OR 371(c)<br/>DATE</b><br>12/17/2004<br><b>RULE</b> | <b>CLASS</b><br>514 | <b>GROUP ART UNIT</b><br>1617 | <b>ATTORNEY DOCKET<br/>NO.</b><br>50294/014001 |
|------------------------------------|---|---------------------|-------------------------------|--|

## APPLICANTS

Antonio Guarna, Seano, ITALY;  
Federico Cozzolino, Firenze, ITALY;  
Marcia Torcia, Firenze, ITALY;  
Enrico Garaci, Roma, ITALY;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/EP03/06471 06/18/2003 *KC*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

ITALY FI2002A000107 06/19/2002 *KC*

## \*\* SMALL ENTITY \*\*

|  |                                      |                                |                               |                                    |
|--|--------------------------------------|--------------------------------|-------------------------------|------------------------------------|
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no   | <b>STATE OR<br/>COUNTRY</b><br>ITALY | <b>SHEETS<br/>DRAWING</b><br>7 | <b>TOTAL<br/>CLAIMS</b><br>21 | <b>INDEPENDENT<br/>CLAIMS</b><br>1 |
| 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                                      |                                |                               |                                    |
| Verified and Acknowledged <i>Kern &amp; Capen</i><br>Examiner's Signature <i>KC</i> Initials   |                                      |                                |                               |                                    |

## ADDRESS

21559

## TITLE

Pharmaceutical compositions for the treatment of diseases related to neurotrophines

|                                       |   |   |
|---------------------------------------|---|---|
| <b>FILING FEE<br/>RECEIVED</b><br>525 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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